

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | DR       | 70200  | 4-8-88  |
| O.I.P.E. CLASSIFIER |          | 31     | 4/17/88 |
| FORMALITY REVIEW    | M.M.     | 71688  | 4.15.88 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims are indicated, staple additional sheet here

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Best Available Copy